P11000-107937

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SECRETARY DE STATE

T. L'EATLEIN



COVER LETTER

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Division of Corporations
NAME OF CORPORATION: PEEPERS EYE GRE 19C DOCUMENT NUMBER: P11000107937
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Vision Partners, USA, IAG. Firm/Company
Name of Contact Person
VISION Partners, USA, IAG.
301 Colony Blod Address
Address
Address The Villges of 32162 City/ State and Zip Gode
City/ State and Zip Code
IRSALMAND HATMAIL. Com
E-mail address: (to be used for future annual report notification) IRSALMAN@ Hotmail. Cor
For further information concerning this matter, please call:
Bahin Selman at 352, 804-5622
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) \$35 Filing Fee Certified Copy Certificate of Status (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of I	ncorporation	
Perpers Eye Care, Inc.	of	FILED
(Name of Corneration as curren	uth filed with the Florida Dent of	State)
P1/000/07-937 (Document Number	20	10 TIAR - 1 P 12: 55
(Document Number	of Corporation (if known) SE	CRETARY OF STATE
(Document Number Pursuant to the provisions of section 607.1006, Florida Statutes, th	TAL	LAHASSEE FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
11500 Patrox 1104 tax	Vision Partners us	A INC The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation	ed" or the abbreviation n name must contain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		-/
		
D. If amending the registered agent and/or registered office ac	dress in Florida, epter the name of	rthe .
new registered agent and/or the new registered office addre		
None and None Description of Agrand	. /	
Name of New Registered Agent		
		<u> </u>
(Florida	sireet address)	
New Registered Office Address:	, FI	orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:	
l hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of	the position.
`	į.	
	\ /	
	V	
Signature of Nev	Registered Agent, if changing	
	/ \	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

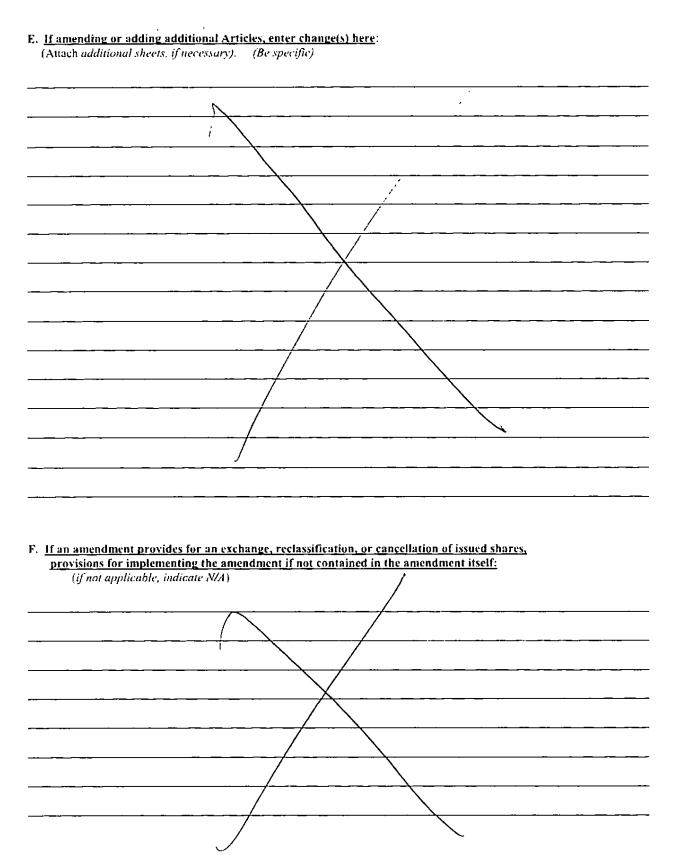
Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_	X	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Page 2 of 4



Page 3 of 4

The date of each amendment(s) ad-	3-1-18	, if other than the
date this document was signed.	1	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this artment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendme ficient for approval.	ent(s)
☐ The amendment(s) was/were appromust be separately provided for a	oved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoption was not required.	nted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were adoptaction was not required.	nted by the incorporators without shareholder action and shareholder	r
Dated_	V Dr.	
(/		
Signature/	ector president or other officer - if directors or officers have not be	cen
	, by an incorporator – if in the hands of a receiver, trustee, or other	
appoint	d fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	